

EIAE-A

APPLICATION TO DEMONSTRATE PROFICIENCY

Today's Date _____

Student's Name _____

Parents/Guardians Name _____

Address _____

Student's Birthdate _____ Last School Attended _____

Briefly explain why you wish to demonstrate proficiency in this grade/course.

This form was completed by _____
(Student over 18 or Parent)

Parent/Guardian Signature _____

PLEASE RETURN TO BUILDING PRINCIPAL

FOR SCHOOL USE ONLY –

This application has been reviewed by and recommended by:

Please attach a copy of the student's cumulative record or transcript.